

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND. #	DER.	IND.	DER.	IND.	DER.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	/		/			
9	/		/			
10	/		/			
11	/		/			
12	/		/			
13	/		/			
14	/		/			
15	/		/			
16	/		/			
17	/		/			
18	/		/			
19	/		/			
20	/		/			
21	/		/			
22	/		/			
23	/		/			
24	/		/			
25	/		/			
26	/		/			
27	/		/			
28	/		/			
29	/		/			
30	/		/			
31	/		/			
32	/		/			
33	/		/			
34	/		/			
35	/		/			
36	/		/			
37	/		/			
38	/		/			
39	/		/			
40	/		/			
41	/		/			
42	/		/			
43	/		/			
44	/		/			
45	/		/			
46	/		/			
47	/		/			
48	/		/			
49	/		/			
50	/		/			
TOTAL IND.			↓	↓	↓	↓
TOTAL DER.			↓	↓	↓	↓
TOTAL CLAIMS			↓	↓	↓	↓

	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
51	/		/			
52	/		/			
53	/		/			
54	/		/			
55	/		/			
56	/		/			
57	/		/			
58	/		/			
59	/		/			
60	/		/			
61	/		/			
62	/		/			
63	/		/			
64	/		/			
65	/		/			
66	/		/			
67	/		/			
68	/		/			
69	/		/			
70	/		/			
71	/		/			
72	/		/			
73	/		/			
74	/		/			
75	/		/			
76	/		/			
77	/		/			
78	/		/			
79	/		/			
80	/		/			
81	/		/			
82	/		/			
83	/		/			
84	/		/			
85	/		/			
86	/		/			
87	/		/			
88	/		/			
89	/		/			
90	/		/			
91	/		/			
92	/		/			
93	/		/			
94	/		/			
95	/		/			
96	/		/			
97	/		/			
98	/		/			
99	/		/			
100	/		/			
TOTAL IND.			↓	↓	↓	↓
TOTAL DER.			↓	↓	↓	↓
TOTAL CLAIMS			↓	↓	↓	↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS